

COMMONWEALTH OF VIRGINIA

**Neighborhood Assistance
Program Application
July 1, 2011 – June 30, 2012**

Eligibility is limited to 501(c)(3) or 501(c)(4) nonprofit organizations in Virginia, whose primary function is providing assistance for impoverished people.

*******MAIL COMPLETED GENERAL HUMAN SERVICES PROGRAM
APPLICATION PACKAGE TO*******

**VIRGINIA DEPARTMENT OF SOCIAL SERVICES
OFFICE OF COMMUNITY SERVICES
Neighborhood Assistance Program
801 E. Main Street, 15th Floor
Richmond, VA 23219-3301**

*******MAIL COMPLETED EDUCATION APPLICATION PACKAGE TO*******

**SUSAN CLARE, SPECIALIST, DATA & FINANCE
VIRGINIA DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION & STUDENT SERVICES
P.O. Box 2120
101 North 14th Street
Richmond, VA 23218-2120**

**MUST BE RECEIVED
IN THE DEPARTMENT OF SOCIAL SERVICES
OR THE DEPARTMENT OF EDUCATION
NO LATER THAN
May 2, 2011 - 5:00 P.M.**

**PLEASE ALLOW SUFFICIENT TIME WHEN MAILING YOUR APPLICATION
APPLICATIONS RECEIVED AFTER 5:00 P.M. ON MAY 2, 2011 WILL NOT BE CONSIDERED**

NEIGHBORHOOD ASSISTANCE PROGRAM (NAP)

2011-2012 APPLICATION

(Type or Print)

Place a check (✓) by the type of application you are submitting.

() General Human Services Program administered by DSS

() Education Program administered by DOE

Organization Name (If applying as an education organization, send the application to the Department of Education)

Business Mailing Address

City

State

Zip

()

Telephone #

()

Fax #

Federal I.D. #

(Circle One)

(Mr. / Ms.)

Name of CEO/Executive Director and title

Email Address

(Circle One)

(Mr. / Ms.)

Name of NAP contact person and title

Email Address (if different from above)

County/City of Main Office

Planning District #

Code for Type of Project

Does this organization operate an on-site health care clinic? Yes _____ No _____

Was this organization an approved NAP participant during FY2010-11? Yes _____ No _____

Did this organization merge with another organization? Yes _____ No _____

If yes, date of merge _____ Name of other organization: _____

Amount of NAP Tax Credits requested for donations - July 1, 2011 through June 30, 2012: \$ _____

II. CERTIFICATION

I certify that the above information and the following documents are true and apply to my organization and indicate intent to become a NAP participant:

- Attachments A, A(1), B, C, D, E, F, and G
 - A copy of your 501(c)(3) or 501(c)(4) status documentation
 - A copy of your current annual audit, review or compilation report
 - A copy of your current federal form 990
 - A copy of your annual renewal form (Virginia Registration Statement for a Charitable Organization) filed with the Department of Agriculture and Consumer Services, Division of Consumer Affairs (VDACS) or a copy of your letter of exemption from VDACS
 - A brochure, pamphlet, or flyer for your organization and current programs
- (All above items are required)

I understand this application will be denied if not received by the due date or if any part of the application is missing or incomplete.

I also understand that NAP participation obligates my organization to:

- Work with the donors to assure a timely and accurate completion and submission of the Contribution Notification Forms (CNFs) including supporting documentation for all donations.
- Maintain in my facility and make records pertaining to NAP transactions available to DSS/DOE for a period of five (5) years.
- Abide by all applicable NAP laws and DSS regulations or DOE guidelines.

Authorized Signature and Title

Date

ATTACHMENT A**Certification of Income Levels Served**

 (Name of Organization)

(This information must include all the programs within your organization and reflect the total operation of your organization)

Total number of people assisted by or using services provided
by your organization during the previous 12 months:

Total funds spent assisting or providing services for these people:

Of this total:

- Number of people at or below 150% of poverty:

- Total funds spent on people at or below 150% of poverty:

- Number of people at or below 200% of poverty:

(This total includes the number of people at 150% of poverty)

- Total funds spent on people at or below 200% of poverty:

(This total includes the funds spent for people at 150% of poverty)

- Number of people at or below 250% of poverty:

(This total includes the number of people at 200% of poverty)

- Total funds spent on people at or below 250% of poverty

(This total includes the funds spent for people at 200% of poverty)

***** The above numbers are cumulative *****

Time period used: _____ / _____
(Start Date) / (Ending Date)

I certify that the above information is true and accurately reflects the activities of our organization.

 Authorized Signature and Title

 Date

4- If the population you currently serve has changed and does not mirror the information you provided on Attachment A, please explain . (If not applicable, write N/A)

ATTACHMENT B - LOCALITIES SERVED

Please check all localities in which your NAP organization will actively provide services. If you provide statewide services check here: Statewide Services _____

<u>COUNTIES</u>					
Accomack	_____	Isle of Wight	_____	Wise	_____
Albemarle	_____	James City	_____	Wythe	_____
Alleghany	_____	King & Queen	_____	York	_____
Amelia	_____	King George	_____		
Amherst	_____	King William	_____	<u>CITIES</u>	
Appomattox	_____	Lancaster	_____	Alexandria	_____
Arlington	_____	Lee	_____	Bedford	_____
Augusta	_____	Loudoun	_____	Bristol	_____
Bath	_____	Louisa	_____	Buena Vista	_____
Bedford	_____	Lunenburg	_____	Charlottesville	_____
Bland	_____	Madison	_____	Chesapeake	_____
Botetourt	_____	Mathews	_____	Colonial Heights	_____
Brunswick	_____	Mecklenburg	_____	Covington	_____
Buchanan	_____	Middlesex	_____	Danville	_____
Buckingham	_____	Montgomery	_____	Emporia	_____
Campbell	_____	Nelson	_____	Fairfax	_____
Caroline	_____	New Kent	_____	Falls Church	_____
Carroll	_____	Northampton	_____	Franklin	_____
Charles City	_____	Northumberland	_____	Fredericksburg	_____
Charlotte	_____	Nottoway	_____	Galax	_____
Chesterfield	_____	Orange	_____	Hampton	_____
Clarke	_____	Page	_____	Harrisonburg	_____
Craig	_____	Patrick	_____	Hopewell	_____
Culpeper	_____	Pittsylvania	_____	Lexington	_____
Cumberland	_____	Powhatan	_____	Lynchburg	_____
Dickenson	_____	Prince Edward	_____	Manassas	_____
Dinwiddie	_____	Prince George	_____	Manassas Park	_____
Essex	_____	Prince William	_____	Martinsville	_____
Fairfax	_____	Pulaski	_____	Newport News	_____
Fauquier	_____	Rappahannock	_____	Norfolk	_____
Floyd	_____	Richmond	_____	Norton	_____
Fluvanna	_____	Roanoke	_____	Petersburg	_____
Franklin	_____	Rockbridge	_____	Poquoson	_____
Frederick	_____	Rockingham	_____	Portsmouth	_____
Giles	_____	Russell	_____	Radford	_____
Gloucester	_____	Scott	_____	Richmond	_____
Goochland	_____	Shenandoah	_____	Roanoke	_____
Grayson	_____	Smyth	_____	Salem	_____
Greene	_____	Southampton	_____	South Boston	_____
Greensville	_____	Spotsylvania	_____	Staunton	_____
Halifax	_____	Stafford	_____	Suffolk	_____
Hanover	_____	Surry	_____	Virginia Beach	_____
Henrico	_____	Sussex	_____	Waynesboro	_____
Henry	_____	Tazewell	_____	Williamsburg	_____
Highland	_____	Warren	_____	Winchester	_____
		Washington	_____		
		Westmoreland	_____		

ATTACHMENT C

Describe your organization and how NAP credits will be used. This refers to your entire organization. **Limit your response to one page.** Please refer to the instruction sheet when completing this form.

1- Description of organization (25 words or less):

2- If your organization operates an on-site health care clinic in addition to other programs, please describe the type and frequency of services offered at the clinic. (If not applicable, put N/A)

3- Mission Statement and date adopted by Board, if applicable (If Mission Statement is different from the description shown in your audit report, please explain.):

4- Proposed use of NAP contributions:

ATTACHMENT D

Provide a **statement** of your organization's program **goal/objective**. List at least two of the more important **measurable outcomes** that are expected to occur during the period July 1, 2011 – June 30, 2012 and discuss the **method** your organization will use to evaluate the program's effectiveness.

Note: An evaluation report showing your outcomes will be required in all subsequent applications.

Attachment E

Measurable Outcomes Evaluation Report

This form is for FY2010-2011 NAP participants only. Using the attached format, list at least two of your measurable program activities /goals for the past year and outcomes the organization achieved.

Organization Name: _____

(Please use this format for reporting outcomes)

ACTIVITY / GOAL (previous application)	OUTCOMES ACHIEVED (from previous year identified goals)	# OF CLIENTS AT OR BELOW 150% OF POVERTY OR 200% OF POVERTY FOR EDUCATION ORGANIZATIONS	# OF CLIENTS ABOVE 150% OF POVERTY OR 200 % OF POVERTY FOR EDUCATION ORGANIZATIONS
		Year to date	Year to date

ATTACHMENT F

Did you receive a written pledge from a **business donor** on or before January 1, 2006 for future donations to occur after July 1, 2011?

Please check one: YES _____ NO _____ N/A _____

If you answered yes, you must submit a copy of each pledge with this application.

If you were an approved NAP participant during FY2007-08, FY2008-0, FY2009-10 or FY 2010-11 and submitted a copy of eligible business pledges with your previous applications, please check N/A. It is not necessary to resubmit the pledges.

New NAP applicants may check N/A.

Number of pledges submitted: _____

Attachment G

Revenue

2011-12 NAP Application

Adjustment to Audited Numbers

Relative to Calculation of 75% Requirement

To qualify for NAP Credits an organization "must demonstrate that at least 75% of total revenue received is expended to support their ongoing programs each year." An organization is defined for NAP purposes as a unit with a separate financial identification, i.e. Tax Identification Number. The organization should file separate IRS Forms 990 for each individual unit.

Total Unrestricted Revenue	<i>from audit</i>	
Additions:		
In-Kind donations		
Other (explain on a separate sheet)		
Gross Revenue		
Less:		
Adjustment to cash receipts		
Deferred Revenue		
Unrealized Gain		
Other (explain on a separate sheet)		
Total Subtractions		
Adjusted Unrestricted Revenue		

NOTES:

An audit is defined as any audit required by the federal government or any other funding source or regulatory body. If a neighborhood organization is not required to file an audit, an audited financial statement prepared by an independent outside certified public accountant may be submitted.

Total Unrestricted Revenue should be the post-audit total.

Record In-Kind Donations if not listed in Audit

Other revenue additions must be explained on a separate page.

This adjustment subtracts year-end unrestricted receivables and adds prior year-end unrestricted receivables as reported on the balance sheet.

Revenue has been received and recognized as income, but relates to expenses of a future accounting period. Future commitment should be disclosed in financial statement footnote.

List Unrealized Gain Recorded as Revenue

Other revenue subtractions must be explained on a separate page.

The Adjusted Unrestricted Revenue total is "total revenue received" for NAP application purposes.

Expenses continued on next page.

Attachment G
Expenses

Adjustment to Audited Numbers
Relative to Calculation of 75% Requirement

20110-12 NAP Application

NOTES:

Total Expenses must be the post-audit total.

Record In-Kind Donations if not listed in Audit

Compare the prior period balance sheet to the current year balance sheet to adjust the cash basis

Cash paid for fixed asset additions as disclosed on the statement of cash flows

Cash paid for reduction of debt as disclosed on the statement of cash flows

Other expenditure not listed. Must be explained on a separate page.

This adjustment adds year-end accounts payables and accrued expenses and subtracts prior year-end accounts payables and accrued expenses as reported on the balance sheet.

Non-cash payment of debt consists of services rendered.

Prepaid Expenses apply to future accounting periods.

Other expense subtractions must be explained on a separate page.

Total Expenses	from audit	
Additions:		
In-Kind donations		
Increase in Pre-Paid Expenses		
Additions to fixed assets and other capital expenditures		
Principal payment on debt		
Other (explain on a separate sheet)		
Gross Expenditures		
Less:		
Adjustment to cash expenses		
Non-cash expenditures related to other transactions		
Prepaid Expenses		
Other Non-Cash Items (explain on a separate sheet)		
Total Subtractions		
Adjusted Expenses		
 Percentage of Revenue Expended in Support of Programs. "Adjusted Expenses for Program Activities" divided by "Adjusted Unrestricted Revenue."		

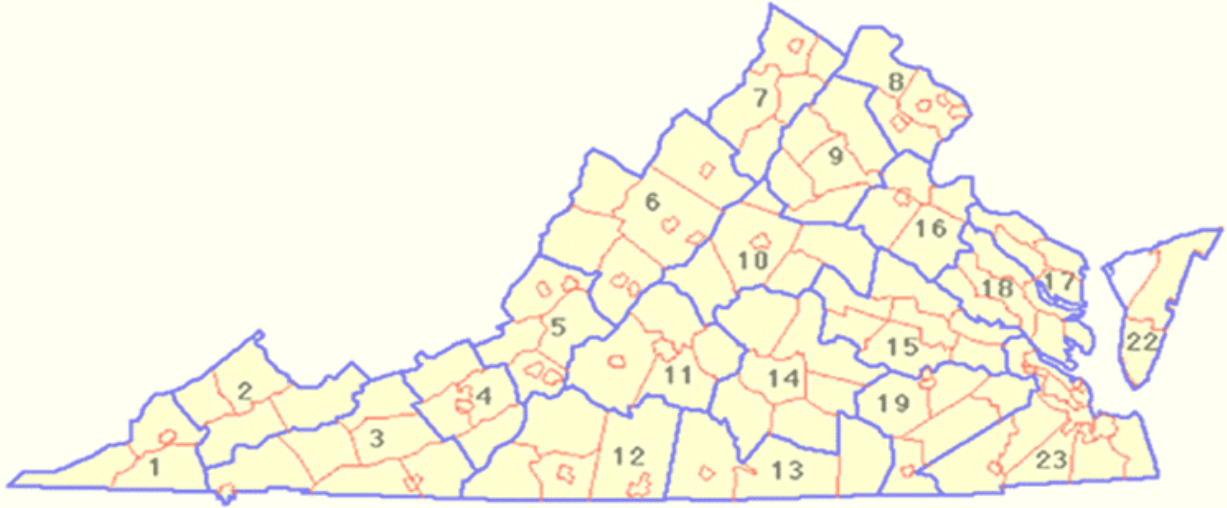
Name of CPA Firm Completing Form

Name/Title of Person Completing Form

Signature

Date

Planning District Commission Boundaries



- | | |
|--------------------------|---------------------------|
| 1 – LENOWISCO | 11 – Central Virginia |
| 2 – Cumberland Plateau | 12 – West Piedmont |
| 3 – Mount Rogers | 13 – Southside |
| 4 – New River Valley | 14 – Piedmont |
| 5 – Fifth | 15 – Richmond Regional |
| 6 – Central Shenandoah | 16 – RADCO |
| 7 – Lord Fairfax | 17 – Northern Neck |
| 8 – Northern Virginia | 18 – Middle Peninsula |
| 9 – Rappahannock-Rapidan | 19 – Crater |
| 10 – Thomas Jefferson | 22 – Accomack-Northampton |
| | 23 – Hampton Roads |

POVERTY GUIDELINES 2010
January 20, 2011, Federal Register
Volume 76, Number 13
Page 3637 - 3638

FAMILY SIZE	100%	150%	200%	250%
1	\$10,890	\$16,335	\$21,780	\$34,031
2	\$14,710	\$22,065	\$29,420	\$45,969
3	\$18,530	\$27,795	\$37,060	\$57,906
4	\$22,350	\$33,525	\$44,700	\$69,844
5	\$26,170	\$39,255	\$52,340	\$81,781
6	\$29,990	\$44,985	\$59,980	\$93,719
7	\$33,810	\$50,715	\$67,620	\$105,656
8	\$37,630	\$56,445	\$75,260	\$117,594
Each Additional	\$3,820	\$5,730	\$7,640	\$11,938

2011-2012
CODES FOR TYPE OF PROJECT

- 1 - Youth / Domestic Violence Shelter
- 2 - Homeless Shelter
- 3 - Housing
- 4 - Youth Activities / Youth Center
- 5 - Home / Center for the Disabled
- 6 - Comprehensive Emergency Services
- 7 - Senior Citizens Services
- 8 - Legal Services
- 9 - Health Care Services
- 10 - Teen Pregnancy / Family Planning / Counseling
- 11 - Education/Scholastic assistance (Submit application to DOE)**
- 12 - Substance Abuse Counseling
- 13 - Food Banks
- 14 - Job Training / Employment Services
- 15 - Literacy Programs
- 16 - Child Care Programs
- 17 - Water / Waste Water Program
- 18 - Transportation Service
- 19 - Ex-Offender Services
- 20 - AIDS Program Related Services
- 21 - Other

APPLICATION PACKAGE CHECK LIST AND CERTIFICATION

Please add a check mark (✓) by each part of the application you have reviewed and are sending in your package.

Completed, signed and dated first page of application. Original signature required, copies not accepted.

Attachment A - Certification of income levels for clients served during previous 12 months. Original signature required, copies not accepted.

Attachment A(1) - Summary and basis for information on attachment A.

Attachment B - Localities your organization serves.

Attachment C - Description of your organization and how the tax credits will be used.

Attachment D - Statement of objective, measurable outcomes, and method used to evaluate effectiveness.

Attachment E – Evaluation Report for measurable outcomes achieved during past year. This Attachment is for FY 2010-2011 NAP participants only. New applicants write N/A in check box.

Attachment F – Number and copy of written pledges from business donors on or before January 1, 2006 for future donations.

Attachment G – Adjustment to Audit for calculation of 75% requirement for general human services program applicants. **(If needed, see instructions) Not required for education applicants.**

Attach one copy of your 501(c)(3) or 501(c)(4) document.

Attach one copy of your current audit, review or compilation report prepared by an outside independent CPA.

Attach one copy of your current federal form 990.

Attach one copy of your annual renewal form filed with the Department of Agriculture and Consumer Services, Division of Consumer Affairs (VDACS) or a copy of your exemption letter from VDACS.

Provide a current brochure, pamphlet, or flyer for your organization and programs.

I CERTIFY THE ABOVE COMPONENTS FOR THIS APPLICATION HAVE BEEN REVIEWED AND ARE COMPLETE. I UNDERSTAND THIS APPLICATION WILL BE DENIED IF IT IS NOT RECEIVED BY 5:00 P.M. ON MAY 2, 2011 OR IF ANY PART IS INCOMPLETE OR MISSING.

Name of Organization

Authorized Signature and Title

Date

INSTRUCTIONS

- ❖ PLEASE COMPLETE AND RETURN THE ORIGINAL GENERAL HUMAN SERVICES PROGRAM APPLICATION AND REQUIRED ATTACHMENTS TO:

Virginia Department of Social Services
Office of Community Services
Neighborhood Assistance Program
801 E. Main Street, 15th Floor
Richmond, VA 23219-3301

- ❖ PLEASE COMPLETE AND RETURN THE ORIGINAL EDUCATION APPLICATION AND REQUIRED ATTACHMENTS TO:

Susan Clare, Specialist, Data & Finance
Virginia Department of Education
Division of Special Education & Student Services
P.O. Box 2120
101 North 14th Street
Richmond, VA 23218-2120

The complete package must be received at one of the above addresses on or before 5:00 P.M. – May 2, 2011. Incomplete applications or applications received after 5:00 P.M. on the due date will not be considered. All hand delivered applications can be given to the security guard on duty during normal business hours. Please allow sufficient time for delivery when mailing your application.

► **An education organization is defined as:**

"Education" means any type of scholastic instruction or scholastic assistance to an individual who is impoverished.

"Scholastic assistance" means (i) counseling or supportive services to elementary school, middle school, secondary school, or postsecondary school students or their parents in developing a postsecondary academic or vocational education plan, including college financing options for such students or their parents, or (ii) scholarships.

- **NOTE: Your request is for the total credits (donation amount x 40%) you expect to use for both individual and business donors from July 1, 2011 through June 30, 2012.**
- Use the enclosed **"Planning District Commission Boundaries" map** to determine your planning district number. Use only **one** number.
- Use **"Codes for Type of Project"** attachment to identify your project type. Please use only **one** code. **Education organizations must send the application to the Department of Education.**
- **ATTACHMENT A – The requested information must include all the programs within your organization and reflect the total operation, not just one or more programs conducted by your organization. All reference to poverty levels refers to the federal poverty level as shown on the enclosed chart. If estimates are used, please label the figures as estimates and explain how the estimates were determined. The time period "previous 12 months" is intended to be a full year and can be the calendar year, program year, or audit year. Please include the time period you used at the bottom of this sheet. (Foodbanks will use a different format that will be included only in their package).**

INSTRUCTIONS (page 2)

- ▶ **ATTACHMENT A(1)** The requested information **must include all the programs within your organization and reflect the total operation of your organization.** NAP eligibility is limited to applicants whose primary function is providing assistance to impoverished people. The term “Impoverished people” means people in Virginia with incomes at or below 200 percent of the federal poverty level. Total income includes wages/salaries, social security income, pensions, dividend/interest income, SSI, etc.
 - Attach a short summary describing how your organization meets the requirement of primarily providing assistance for impoverished people.
 - Discuss your basis for the data entered on attachment A and describe any income tests and/or procedures used to gather the information.
 - **Discuss how the information on attachment A does or does not relate to program expenditures in your audit report.** (Foodbanks will use a supplement sheet included only in their package).
 - If the population you serve has changed and does not mirror the information you provided on Attachment A, please explain .
- ▶ **ATTACHMENT B** - Check all localities in which your organization will actively provide a service.
- ▶ **ATTACHMENT C** - Describe your organization; mission, and how NAP credits will be used. Do not exceed one page. Use the following as a guideline:
 - Give a brief description of your organization (25 words or less).
 - If you have other programs in addition to an on-site health care clinic, describe the type and frequency of services offered at the clinic. (If not applicable, put N/A).
 - List the mission statement for your organization and date adopted by Board. Does the mission statement reflect the purpose of your organization? If this is different from the description shown in your audit report, please explain.
 - Describe how you propose to use NAP contributions, if approved.
- ▶ **ATTACHMENT D** - Provide a statement of objective for your organization. List two measurable outcomes that are expected to occur during the program year and discuss the method you will use to evaluate the program’s effectiveness.
- ▶ **ATTACHMENT E - This form is for FY2010-2011 NAP participants only.** Using the attached format, list at least two of your measurable activities /goals for the past year and the outcomes you achieved. **New applicants are not required to complete this form.**
- ▶ **ATTACHMENT F** - If you received a written pledge from a business donor on or before January 1, 2006 for future donations to occur after July 1, 2011, you must submit a copy of each pledge (**not submitted in previous year**) with this application.
- ▶ **ATTACHMENT G** –This form must only be completed by an outside independent CPA **ONLY** if your organization’s audit does not meet the requirement that “at least 75% of total revenue received is expended to support the organization’s ongoing programs each year.” If the audit or compilation submitted meets the 75% requirement, leave this form blank. **This form is not required for education organizations submitting an application to DOE.**
- ▶ **ATTACH A COPY OF YOUR 501(c)(3) or 501(c)(4) STATUS DOCUMENTATION.**

INSTRUCTIONS (page 3)

- ▶ **ATTACH A COPY OF YOUR CURRENT ANNUAL AUDIT REPORT, REVIEW OR COMPILATION** prepared by an **outside independent CPA**. (“Audit” means any audit required under the federal Office of Management and Budget’s Circular A-133, or, if your organization is not required to file an audit under Circular A-133, a compilation report or review (detailed financial statements), also prepared by an **outside independent CPA** may be submitted).
- ▶ **ATTACH A COPY OF YOUR CURRENT FEDERAL FORM 990**. This form is required for participation in the Neighborhood Assistance Program.
- ▶ **ATTACH A COPY OF THE ANNUAL RENEWAL FORM FILED WITH THE DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES, DIVISION OF CONSUMER AFFAIRS (VDACS) OR A COPY OF YOUR LETTER OF EXEMPTION FROM VDACS**. If you need verification of your exempt status, please go to the following website: <http://www.vdacs.virginia.gov/consumers/index.shtml>. Click on Charitable Search, enter the organization name and press SEARCH, then click on the organization name. Print the page showing your registration filing status and include it in your application package.
- ▶ Provide a current **brochure, pamphlet, or flyer** for your organization and all programs.

Complete the **Application Package Check List and Certification** form to ensure you are returning a complete package. Add a check mark ✓ for each part you are sending, then sign and date the form. Include the completed form with your application.

INCOMPLETE APPLICATIONS OR APPLICATIONS RECEIVED AFTER 5:00 P.M. ON MAY 2, 2011 WILL NOT BE ELIGIBLE FOR PARTICIPATION IN THE NEIGHBORHOOD ASSISTANCE PROGRAM. POSTMARK DATES ARE NOT APPLICABLE.